

LOCAL BUSINESS PRESENCE IDENTIFICATION FORM

Section 00461CMR

(Criteria Item 12)**OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH SUBCONTRACTOR (INCLUDING THE OFFEROR).**

NOTE: ALL CONTRACTOR'S IDENTIFIED BELOW MUST BE USED ON THIS PROJECT AND MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN.

OFFEROR:

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

USE ADDITIONAL PAGES AS NECESSARY

SUBCONTRACTOR(S):

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

COMPANY NAME:					
Street Address, Zip:					
Is your Company in the Austin Corporate City Limits (ACCL)?		Which applies to your ACCL office?		Has your business been at this location for the past 5 years?	
Yes	No	Headquarters	Branch Office	Yes	No

ACKNOWLEDGEMENT

THE STATE OF TEXAS
COUNTY OF TRAVIS

I certify that my responses and the information provided on **Form 00461CMR** are true and correct to the best of my personal knowledge and belief and that I have made no willful misrepresentations in this Section, nor have I withheld any relevant information in my statements and answers to questions. I am aware that any information given by me in this Section may be investigated and I hereby give my full permission for any such investigation and I fully acknowledge that any misrepresentations or omissions in my responses and information may cause my offer to be rejected.

OFFEROR'S FULL NAME AND ENTITY STATUS:

Signature, Authorized Representative of Offeror

Title

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires _____

END